

Appendix 10

Pregnancy Questionnaire Summary (Sample Format)

(For the Prenatal Care Coordinator to complete)

Mother's name (last, first, middle): Please print. _____

Mother's date of birth: _____ Medicaid ID #: _____

TOTAL ASSESSMENT SCORE: _____

Summary of needs identified in the Pregnancy Questionnaire:

- ☐ Health education needs (teenaged or older mom)
- ☐ Difficulty reading English (preferred language? _____)
- ☐ WIC referral
- ☐ Child support difficulty
- ☐ Employment needs
- ☐ School needs
- ☐ Housing needs
- ☐ Client unable to get prenatal care
- ☐ Lack of knowledge regarding pregnancy, labor & delivery, infant health care, general health positive habits
- ☐ Health education needs (first-time mom)
- ☐ Medical conditions identified that make this pregnancy at risk
- ☐ Poor previous pregnancy experience
- ☐ Tobacco and/or alcohol use
- ☐ Nutrition education needs
- ☐ Insufficient funds for food
- ☐ Conflict/violence in the home
- ☐ Poor support system
- ☐ Suspected abuse: ☐ physical ☐ sexual ☐ emotional
- ☐ Family has urgent health needs
- ☐ Child care needs
- ☐ Transportation needs
- ☐ Other _____

Name of staff who completed the Pregnancy Questionnaire: _____

Position: _____ Date of screening: _____